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PL  
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

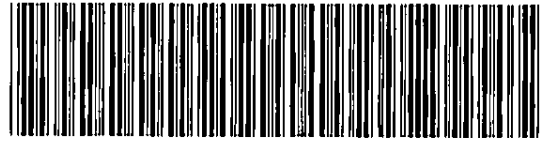
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100447255611

2025 MAR 23 PM 3:22

RECEIVED  
MAR 23 PM 3:00  
STATE

US

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$70.00

Authorization Signature 

Shukri Financial Services Inc

Business Name #Document

Walk in \_\_\_\_\_ Will wait

\_\_\_ Certified Copy -  
\_\_\_ Certificate of Status -

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ LLC  
\_\_\_ Domestication  
\_\_\_X\_\_\_ INC  
\_\_\_ CORP  
\_\_\_ PLLC

**AMENDMENTS**

\_\_\_ Amendment  
\_\_\_ Resignation of R.A.  
\_\_\_ Change of Registered Agent  
\_\_\_ Revocation of Dissolution  
\_\_\_ Conversion  
\_\_\_ Statement of Authority  
\_\_\_ Merger  
\_\_\_ DISSOLUTION

**OTHER FILINGS**

\_\_\_ TRANSMITTAL LETTER  
\_\_\_ Fictitious Name -  
\_\_\_ Statement of Authority  
\_\_\_ APOSTIL \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing  
\_\_\_ Partnership  
\_\_\_ Reinstatement  
\_\_\_ Statement of CORRECTION  
\_\_\_ Domestication  
\_\_\_\_\_  
Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Shukri Financial Services Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Shukri Financial Services Inc

Name (Printed or typed)

7834 Sienna Springs Dr

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Address

Lake Worth, FL 33463

City, State &amp; Zip

Daytime Telephone number

**payroll@accountantsnow.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Shukri Financial Services Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7834 Sienna Springs Dr  
Lake Worth, FL 33463

Mailing address, if different is:

7834 Sienna Springs Dr  
Lake Worth, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ahmad Jamous, Nedal A - President

Name and Title: \_\_\_\_\_

Address 7834 Sienna Springs Dr  
Lake Worth FL 33463

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Andre Kattoura  
Address: 4100 N Powerline Rd Suite B-2  
Pompano Beach FL 33073

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Nedal A Ahmad Jamous  
Address: 7834 Sienna Springs Dr  
Lake Worth FL 33463

REC  
FILED  
MAR 31 2025  
PIT 3:22

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

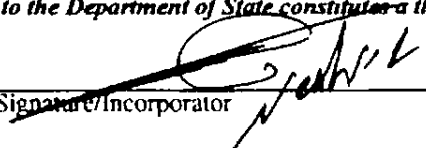
Andre Kattoura

Required Signature/Registered Agent

03/28/2025

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

03/28/2025

Date